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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/626,303	
Filing Date	July 23, 2003	
First Named Inventor	Hutchens, T. William	
Art Unit	1641	
Examiner Name	David Venci	
Attorney Docket Number	016866-002340	

ENCLOSURES (Check all that apply)								
Fee Transmittal Form  Fee Attached  Response to Restriction Requirement and Preliminary Amendment  After Final  After Final  Fextension of Time Request  Extension of Time Request  Information Disclosure Statement  Cop, Number of CD(s)  Reply to Missing Parts/ Incomplete Application  Reply to Missing Parts  Response to Restriction  Response to Restriction  Response to Restriction  Petition  Convert to a Provisional Application  Power of Attorney, Revocation Change of Correspondence Address  Terminal Disclaimer  Request for Refund  CD, Number of CD(s)  Remarks  The Commissioner is authorized to charge any additional fees to Depose Account 20-1430.  Reply to Missing Parts  Indeed Transmittal Form  After Allowance Communication to Appeal Communication to Board of Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  Proprietary Information  Status Letter  Other Enclosure(s) (please identify below):  Return Postcard  Return Postcard								
0.0014	TURE OF ARRUDANT ATTORNEY	OD AGENT						
Firm Name	TURE OF APPLICANT, ATTORNEY, O	JR AGENT						
Townsend and Towns	sendrand Chew LLIR		•					
Signature Suama Manual II ne Mutal								
Printed name Bugenia Garrett-Wackowski								
Date 3/22/05	Reg. No.	37,330						
CERTIFICATE OF TRANSMISSION/MAILING								
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.  Signature								
Typed or printed name Linda Shaffer Date 3/22/05								

Complete if Known

Ta Page Suant to the Consolidated		<del></del>	1 /	Application Number	10/62	6,303		
FEE TRANSMITTAL		- F	iling Date	July 2	3, 2003			
For FY 2005		F	irst Named Inventor	Hutch	ens, T. William	, T. William		
Applicant claims small entity status. See 37 CFR 1.27		—[E	Examiner Name	David				
Applicant claims small entity	/ status.	See 37 CFR 1.27	——[ <i>7</i>	Art Unit	1641			
TOTAL AMOUNT OF PAYMEN	<b>VT</b> (5	\$) 2905 	P	Attorney Docket No.	01686	6-002340		
METHOD OF PAYMENT (ch	neck all	that apply)						
Check Credit Card	ı 🔲 ı	Money Order	None	Other (please i	dentify):			
Deposit Account Depo	sit Accou	unt Number: 20-1430	)	Deposit Account Na	ame: Town	send and Townse	nd and Crev	w LLP_
For the above-identifie	d depos	it account, the Direct	or is her	eby authorized to: (c	heck all th	at apply)		
Charge fee(s) ind					e(s) indica	ted below, <b>except</b>	for the filir	ng fee
Charge any additi	ional fee	(s) or underpayments	s of fee(s	Gredit any	overpaym	ents		
WARNING: Information on this for	m may b	ecome public. Credit c	ard inforr	mation should not be i			credit card	
information and authorization on I	210-2038	3						
1. BASIC FILING, SEARCH	1. AND	EXAMINATION F	EES					
,	FILIN	G FEES	SEAR			TION FEES		
Application Type		nall Entity Fee (\$)		mall Entity Fee (\$)	Fee (\$)	all Entity Fee (\$)	Fees Paid	<u>l (\$)</u>
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
· Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES					•			all Entity
Fee Description Each claim over 20 or, for F	Reissue	s, each claim over	20 and	more than in the o	riginal p	atent	Fee (\$) 50	25
Each independent claim over	r 3 or,	for Reissues, each	indepe	ndent claim more	than in th	ne original pater		100
Multiple dependent claims	4 01-1	(A)		D-:-1 (#)	dultinla D	anamdanti Claim	360	180
<u>Total Claims</u> <u>Ex</u> 136 -20 or HP =	tra Clai 105	<u>ms</u> <u>Fee (\$)</u> x \$25		<u>Paid (\$)</u> 2,625	Fee (\$)	ependent1 Claim Fee Paid		
HP = highest number of total claims	paid for, i	f greater than 20		<del></del>		\$180		
Indep. Claims Ex 6 -3 or HP =	<u>tra Clai</u> 1	ms <u>Fee (\$)</u> x \$100	•	<u>Paid (\$)</u> 100				
HP = highest number of independent			- <del></del>	100				
3. APPLICATION SIZE FEE	E							
If the specification and dra							5 for small	l entity)
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets								
4. OTHER FEE(S)								
Non-English Specificat	tion,	\$130 fee (no smal	l entity	discount)				
Other:								
SUBMITTED BY	T							$\overline{}$
Signature	/ni	Darel Merral	Imal	egistration No. Attorney/Agent) 37	,330	Telephone	925-472-	5000
Name (Print/Type) Hypodia	Garret	Washawaki V	**************************************	· <del>\</del>		Date 3/22/	05	

Effective on 12/08/2004.

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